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ABSTRACT

Twenty handicapped, preschool children were administered Goal Attainment Follow-ups. This technique for recording and scaling observation data was developed and documented by the Program Evaluation Research Center in Minneapolis. Appropriate scale headings and outcome levels were defined for each child, based on specific problem areas documented for a particular child. After intervention, preschool teachers provided independent ratings of each child's performance. These ratings were then used to compute a goal attainment score. Results for the entire sample yielded a mean G.A.S. of 49.56 and a standard deviation of 12.04, indicating both accurate predictions and measurable progress toward goals. A copy of the Goal Attainment Follow-Up Guide is included. (Author/MV)

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GOAL ATTAINMENT FOLLOW-UP AT A PRESCHOOL DIAGNOSTIC CENTER

by

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U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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September, 1976

INTRODUCTION

Needs Assessment

Fairfax County Public Schools (FCPS) has developed a comprehensive Five-Year Plan for Special Education which is designed to provide an educational program for all handicapped children, ages 2-21 years, within the county. The 1976-77 school year is the target for full implementation of services ranging from itinerant speech to a self-contained center for the multiple-handicapped. Approximately 12,000 students from 2-21 years old will receive one or more of the available services.

The age category of 2-4 years was formerly an area with limited program offerings. There are approximately 26,000 preschool children in Fairfax County within this age range, and about 6 percent or 1,600 of these children are known or potentially handicapped. Comprehensive educational assessment and provision of education services are mandated for these children.

To meet this need, a Child Development Center (CDC), located at Devonshire Elementary School, 2831 Graham Road, Falls Church, Virginia 22042, was funded by the Division of Special Education, Virginia State Department of Education, Education of the Handicapped Act, Title VI-B.

The Child Development Center provided an initial screening and referral service to the appropriate FCPS preschool programs for children aged 2-4 years. Initial educational assessments developed by the Center staff assured an orderly placement of a child into an appropriate program.

During the 1975-76 school year, FCPS provided educational programs for preschool children in the areas of: (1) moderately retarded, physically handicapped, and multiple-handicapped; (2) emotionally disturbed; (3) hearing-impaired; (4) visually impaired; and (5) developmentally delayed. The CDC

neither supplanted funding nor duplicated services regularly provided by FCPS to preschool handicapped children, which include 45 preschool teachers and 30 instructional aides with a budget of $845,098 for 1975-76.

Children were referred to the CDC from a variety of public and private agencies including: public health services, welfare board, psychiatric centers, physicians, and parents. The focus of the Center was those handicapping conditions which impair learning.

Objectives

The mission of the Child Development Center was to provide known or potentially handicapped children with: (1) necessary multi- and inter-disciplinary assessments; and (2) initial educational programming necessary to meet individual needs and handicapping conditions.

Specific objectives were:

a. Preschool children who receive services from the CDC staff will indicate problem areas of learning for which baseline data will be provided.

b. Preschool children who exhibit significant delays in attainment of developmental milestones will indicate progress towards achievement of identified developmental needs.

c. Preschool children with learning problems, when provided with developmental and/or corrective educational programs, will exhibit changes as measured by the Goal Attainment Scale.

d. Parents of preschool children with learning problems will demonstrate an understanding of the programmed educational activities for the home and for the school.

Population Served

About 560 community contacts regarding individual children originated from a variety of sources. These included: public health agencies, physicians, private clinics, nursery schools, and day care centers. Out of 220 requests for services, 91 percent or 200 children were admitted for diagnosis. The CDC provided complete assessments for 147 of these children during the 1975-76 school year. These children remained at the CDC an average of nine working days to begin educational programming. Of these 147, 52 percent or 77 were presented to the FCPS eligibility committee for placement consideration. Of these 77, 96 percent or 74 children were found eligible for services and were subsequently placed in the preschool program.

Activities

These activities relate to the respective specific objectives mentioned above.

a. Services of the assessment team included a director, psychologist, social worker, audiologist, early childhood program specialist, educational diagnosticians, aides, and a speech/language pathologist (provided by FCPS). All of these were employed to identify learning problem areas for each preschool child referred to the Preschool Diagnostic Center.

b. Implementation of assessment activities was initiated by the multi-disciplinary team on October 20, 1975. Children were evaluated for placement in a preschool class for handicapped children which best served individual needs.

c. Problem areas of learning for each child were monitored by the assessment team while the preschool child was in the Center. At the conclusion of the school year, a previously identified sample

group was evaluated in terms of progress toward pre-stated deficit areas.

d. A program of parent education was developed to include: (1) counseling sessions with parents and staff; (2) demonstration lessons designed to teach parents how to instruct their child at home; and (3) scheduled sessions for parent observations with their children in the Center.

Evaluation - Descriptive

As was indicated above, there were 220 requests for services during the 1975-76 school year. Of these, there were 18 cancellations, two children were over five years old, and one child resided out-of-county. This left 199 children admitted for diagnosis. Of these, 52 were pending at the end of the school year. These pending cases were referred to the summer program for completion with social histories provided by the CDC. The other 147 cases were completed with the following outcomes:

(1) 76 cases presented to FCPS eligibility committee

(2) 36 cases referred to community, school, or social services

(3) 25 cases received short-term parent counseling at the CDC

(4) 6 cases referred to medical services only

(5) 3 cases re-evaluated, no service recommended

(6) 1 case relocated prior to presentation

The eligibility committee found 74 of the 76 children referred in need of preschool services and placement was instituted. Of these 76 children, parents most often voiced a concern in the area of speech. However, actual assessment indicated broader areas of concern than articulation. These were, in decreasing order of frequency:

(1) language delay concurrent with perceptual, fine motor, gross

motor, hearing, attentional and behavioral difficulties;

(2) developmental delay as reflected by deficits in written, verbal, fine motor, social, sequential memory, and expressive language behaviors;

(3) physical handicaps; and

(4) emotional disturbance.

The Denver Developmental Screening Test (DDST) is probably the most common standardized instrument for use with a preschool population. Of the 147 children receiving full assessments, 84 percent or 124 exhibited difficulties severe enough to indicate a need for intervention. This judgment was based on anecdotal records, including subjective observations in a structured setting. Of these same 147 children, only 50 percent or 73 were accurately identified by the DDST. Relying on the Denver Test alone would seem to significantly underestimate the number of children in need of intervention.

Evaluation - Goal Attainment Follow-Up

A sample group, consisting of 20 children served by the CDC was administered Goal Attainment Follow-ups. This technique for recording and scaling observational data has been developed and documented by the Program Evaluation Resource Center (PERC), 501 Park Avenue South, Minneapolis, Minnesota, 55415. There were two primary considerations in selecting this technique:

(1) the very young population, requiring an observational mode of assessment;

(2) the property of the Goal Attainment Scale which permits a very individualized assessment, but expressible in objective and quantifiable terms, amenable to analysis.

The 20 children selected for study ranged in age (as of June 15, 1976) from 33 months to 67 months. The mean age was 52.2 months with a standard deviation of 8.9 months. There were 16 male children and 4 female children.

The baseline data gathered and evaluated for each of these children by the CDC staff was reviewed by the Early Childhood Specialist serving the Center and by the Research Technician serving the Division of Special Education. Based on specific problem areas documented for a particular child, the Early Childhood Specialist and the Research Technician discussed and designed appropriate scale headings and outcome levels as specified in the Goal Attainment format.

A description of this format follows from PERC documentation:

"HOW DOES THE GOAL ATTAINMENT SCALING SYSTEM WORK IN GENERAL?

There are many variations on the exact pattern of Goal Attainment Scaling, other than that used by the Program Evaluation Project. All of them rely on the basic system described below.

1. The client (a client could be any person relying on the services of the professional involved) is encouraged either by himself or with the aid of a professional to present his concerns. Except in special cases, no effort should be made to delimit the range of his concerns.

2. These concerns should be examined, again either by a professional or by the client himself, so that a set of major concerns is isolated. No limits should be placed on the number of major concerns selected, except that there should be at least a representative of all relevant concerns. (See the Commentary on "Whose Goals are on the Goal Attainment Follow-up Scales?" for a discussion of the determination of relevance.)

3. Once the major concerns have been selected, each one should become the subject of a separate SCALE. The SCALE is a systematic arrangement of the possible specific outcomes which have varying degrees of likelihood.

4. Each SCALE theoretically represents a continuum of observable measures from the "worst anticipated outcome" to the "best anticipated outcome." In the case of the grid-shaped "follow-up guide" used by the Program Evaluation Project, five levels are assumed on each SCALE, although not every scale needs to be filled out on this SCALE procedure. The "EXPECTED outcome" appears on the middle level of the SCALE.

5. At the end of the treatment process or at a predetermined time of follow-up, the client's GOAL ATTAINMENT is reexamined. His degree of ATTAINMENT in comparison to each scale is recorded on the grid-shaped follow-up guide.

6. Each level of ATTAINMENT on each SCALE can be assigned a score so that a "Goal Attainment Score" can be calculated for each follow-up guide. The Goal Attainment Scores for groups of clients can be summed and compared (if clients were randomly assigned to the groups). It is possible, of course, to have more than one follow-up."

Chapters three and four of the Program Evaluation Project Report 1969-1973 available from PERC, discuss the reliability of the Goal Attainment scaling methodology.

"In the original reliability study, which is discussed in greater detail in another P.E.P. Report 1969-73 chapter, for each of 44 clients at the out patient unit, one follow-up guide was constructed by the intake interviewer and a second follow-up guide was made somewhat later by the therapist. These two follow-up guides were combined and then scored twice at two separate interviews by two different raters. For the follow-up guide prepared by the intake interviewer, the Goal Attainment scores from the two interviews were correlated .711 and for the follow-up guide prepared by the therapist, scores from the two interviews correlated .625."

"In the inter-disciplinary reliability study, 60 clients were interviewed twice on the basis of follow-up guides constructed by intake interviewers, with the interviews being conducted either by nurses or social workers and either by telephone or in person. For this study, the Goal Attainment scores from the first and second interviews were correlated .65, and there were not significant differences in mean scores between the two types of interviewers or between the telephone and in-person interviews."

"Two Goal Attainment Follow-up Guides were independently completed on each of 44 clients. Each client was followed-up twice by different follow-up interviewers, and each follow-up guide scored on each occasion. Thus, each client yielded from Goal Attainment scores. Analyzing these data by a components of variance model yielded estimated score variances of 47.70 (50 percent) due to client long-term deviation from expectation, 14.53 (15 percent) due to short-term client changes or follow-up bias fluctuations, 16.12 (17 percent) due to choice of follow-up guide material, and 17.93 (18 percent) due to follow-up interviewer errors in scoring or observation."

A detailed example of Goal Attainment Scaling follows.

The Child Development Center received a request for diagnosis for a child during September, 1975. This child was a female, age four years three months at the time of the referral. The parents of the child were concerned with the child's general physical condition. The multi-disciplinary findings were, in very brief form:

(1) developmental - measurable delay in language, fine and gross motor performance

(2) auditory - need to develop attending behavior

(3) speech/language - receptive lag, with expressive problems

(4) educational - needs in the areas of language development, visual

perception, attentiveness, pre-reading, pre-writing, and pre-number skills, gross and fine motor, social interaction

(5) psychological - depression evident; possible tuberous sclerosis, genetic counseling and continued neurological consultation as reported by medical specialist.

Based on these findings, the Early Childhood Specialist and the Special Education Research Technician agreed on five separate scale headings appropriate for this particular child. These were:

(1) peer and adult interaction

(2) expressive language syntax

(3) receptive language vocabulary

(4) fine motor age (Denver)

(5) gross motor age (Denver)

Five outcome levels were defined for each of these five scale headings using the prescribed categorizations: Most unfavorable (-2), less than expected (-1), expected (0), more than expected (+1), most favorable (+2). Respective outcome levels for each scale heading are listed below.

(1) Peer and Adult Interaction

(-2) Solitary Play - totally dependent, would not separate from parents, would not enter playroom.

(-1) Solitary Play within playroom, parent present.

(0) Parallel Play - plays in group but does not interact with other children or adult.

(+1) Associative play - plays in group, minimal interaction, recognizes others, will communicate with teacher.

(+2) Interact through adult structuring with other children.

(2) Expressive Language Syntax

(-2) Inappropriate syntax (omission of words, reversals of word

order, inappropriate tense)

(-1) Phrases in correct syntactical order

(0) Simple sentences

(+1) Complex sentences

(+2) Sequential descriptions

(3) Receptive Language Vocabulary

(-2) PPVT score less than 2.0 M.A.

(-1) PPVT score from 2.0 to 4.0 M.A.

(0) PPVT score from 4.1 to 5.5 M.A. (age appropriate)

(+1) PPVT score from 5.6 to 6.5 M.A.

(+2) PPVT score greater than 6.5 M.A.

(4) Fine Motor Age (Denver)

(-2) Less than 2.0 year level

(-1) 2.0 to 3.0 year level

(0) 3.1 to 4.0 year level

(+1) 4.1 to 5.5 year level (age appropriate)

(+2) Greater than 5.5 year level

(5) Gross Motor Age (Denver)

Outcome levels identical to (4) above.

After 52 days of intervention within a preschool class for handicapped children, the preschool teacher working with this child was requested to indicate the child's performance on each of the above scale headings. It should be mentioned that the preschool teacher was not aware of what the expected outcome level should be, nor was the intake level on the scale indicated in any way. The results of the preschool teacher's ratings were then used to compute a Goal Attainment Score.

"A Goal Attainment Score is a statistical device designed to transform the weighted sum of the raw scores on the Goal Attainment Follow-up Guide (scores which range from minus two for 'most unfavorable outcome' to plus two for 'most favorable outcome') into a distribution where the mean is 50 and the standard deviation is 10. The Goal Attainment Score is not merely an average of the raw scores from the levels."

"The mean Goal Attainment Score for an entire agency should be 50 if the predictions appearing on the Goal Attainment Follow-up Guide are accurate for the agency as a whole." (PERC documentation.)

To complete the presentation of this specific example, the formula for the Goal Attainment Score can be applied to the actual outcome levels observed for the child under study.

Results:

Scale	Follow-up Outcome Level
#1 P&A Interaction	+1
#2 Expressive Lang. Syntax	0
#3 Receptive Lang. Vocab.	0
#4 Fine Motor	+1
#5 Gross Motor	+1

$$G.A.S. = 50 + \frac{10 \Sigma w_i x_i}{\sqrt{0.7 \Sigma w_i^2 + 0.3 (\Sigma w_i)^2}}$$

w_i = i th scale heading weight

x_i = i th observed outcome level

All scale headings were weighted equally, thus all $w_i = 1$, and from above $x_1 = +1$

$x_2 = 0$

$x_3 = 0$

$x_4 = +1$

$x_5 = +1$

Thus, for the example child,

$$G.A.S. = 50 + \frac{10\ (1+0+0+1+1)}{\sqrt{0.7\ (5) + 0.3\ (25)}}$$

$$= 50 + 30/\sqrt{11}$$

G.A.S. = 59.05.

The associated percentile for a score of 59 is 82. Thus, the example child has made measurable progress towards her developmental goals based on the independent judgment of her preschool teacher.

A similar procedure was employed for each of the 20 children. The number of scale headings varied with the needs of the child and included: social behavior, peer and adult interaction, gross motor performance, fine motor performance, expressive language syntax, receptive language vocabulary, use of materials, articulation, lack of abusive verbal behavior, school readiness - pre-reading skills, school readiness - pre-number skills, school readiness - pre-writing skills, locomotion, lack of abusive physical peer interaction, personal-social, self-help skills, and response to adult directions. The time required to formulate Goal Attainment Guides averaged from 15 to 20 minutes per child.

The results for the entire sample of 20 children produced a mean G.A.S. of 49.56 and a standard deviation of 12.04. This mean value was very close to the desired value of 50 and indicates the accuracy of the predicted performance levels. This value also indicates significant progress since the intake level of any child on any scale was always -1 or -2. If these intake levels are also expressed as Goal Attainment Scores using the above formula, the resulting mean G.A.S. is 32.71 with a standard deviation of 5.24. Using a formula for testing the significance of the difference between correlated means, t = Mean Gain/(S. D. gain/ $\sqrt{N}$). (1)

$t = 16.85/(12.31/\sqrt{20})$

$t = 6.12.$

Using a tabled entry for 19 degrees of freedom and a two-tailed test, the change in G.A.S. for the sample group is statistically significant at the 0.001 level.

The observed follow-up standard deviation of 12.04 was somewhat higher than the theoretical value of 10. There were 12 teachers rating 20 children and in one or two cases a designated scale heading had to be dropped due to missing data. The nature of the G.A.S. formula would introduce less stability in scores as the number of scale headings decreases. The recommended minimum number of scale headings is three but in one case data was provided on only two of the three scales provided.

Finally, a multiple linear regression analysis was used to study the influence of age, sex, and number of days of intervention on the G.A.S. scores. Using the follow-up G.A.S. scores as the dependent variable, no patterns of significant prediction emerged. The inter-correlation between G.A.S. and age was 0.203 and between G.A.S. and days of intervention was 0.020. A correlation of magnitude greater than 0.433 is required for significance at the 0.05 level with N = 20. The mean days of intervention was 83.60 with a standard deviation of 33.38. These results indicate that progress was made toward goals regardless of the child's age, sex, or date of placement.

Evaluation - Parent Program

Sensitivity to parent perceptions allowed for feedback to the staff during intake, group parent sessions, and the interpretive sessions regarding test results and educational planning. Parent comments were recorded and shared as a regular part of the agenda of each Center staff meeting. Parent response generally reflected a favorable attitude and many parents offered constructive recommendations. There was a unanimous desire on the part of the parents for

the continuation of the services offered by the Child Development Center. Parents seemed extremely satisfied with the manner in which they and their children were received. Several mothers, for example, stated they felt comfortable and were treated with warmth and " . . . not processed as another number." There was a feeling of openness expressed about the staff-parent relationship, along with praise for the " . . . highly professional, extremely involved, amazingly perceptive and versatile . . ." staff. Many parents particularly found attractive the inter-disciplinary approach, which led to greater confidence in the decisions regarding their children. Parents departed this experience with greater knowledge about development of areas and how to deal with them (e.g., toilet training and behavior management).

Parents with younger children expressed a need for a nursery facility while conferences were held. Such a facility had been originally proposed for the Center, but had been deleted for budgetary reasons. Finally, there were several expressed needs for a group process, ancillary to the Center, held just for parents involved in this operation.

Overall comments were extremely positive, with parents leaving the Child Development Center extremely satisfied. Essentially, parents felt their children now had a "better start toward normal learning . . ."

REFERENCES

(1) McNemar, Q., Psychological Statistics, 4th edition, John Wiley and Sons, Inc., 1969; pp. 90-92, 113-114.

GOAL ATTAINMENT FOLLOW-UP GUIDE

LEVELS OF PREDICTED ATTAINMENTS	SCALE HEADINGS AND SCALE WEIGHTS				
	SCALE 1: HOUSTON LANGUAGE ($weight_1$ = 1)	SCALE 2: GROSS MOTOR-DENVER ($weight_2$ = 1)	SCALE 3: FINE MOTOR-DENVER ($weight_3$ = 1)	SCALE 4: SELF-HELP - DENVER ($weight_4$ = 1)	SCALE 5: ($weight_5$ =)
most unfavorable outcome thought likely	LESS THAN 1.0 LANG. AGE	LESS THAN 1.0 YEARS	LESS THAN 1.0 YEARS	BELOW 2 YEAR LEVEL	
less than expected success	1.1 TO 2.0 LANGUAGE AGE	1.1 TO 2.0 YEARS	1.1 TO 2.0 YEARS	2.0 TO 2.5 YEARS	
expected level of success	2.1 TO 3.0 LANGUAGE AGE	2.1 TO 3.0 YEARS	2.1 TO 3.0 YEARS	2.6 TO 3.0 YEARS	
more than expected success	3.1 TO 4.0 LANGUAGE AGE	3.1 TO 4.0 YEARS	3.1 TO 4.0 YEARS	3.1 TO 4.5 YEARS	
most favorable outcome thought likely	>4.0 LANGUAGE AGE	>4.0 YEARS	>4.0 YEARS	COMPLETELY INDEPENDENT MEASURED SKILLS	

Revised, October, 1974

PROGRAM USING G.A.S. CHILD DEVELOPMENT CENTER

TREATMENT TO BE USED FOR THIS PROBLEM AREA: _____

1. SUBJECT 1
Client Name

2. PSHI-2086-0363991
Client Number

3a. 1/76 b. _____
Date of Intake Interview(s)

4. C.R.
Intake Interviewer

5. Persons Involved in Construction of the Goal Attainment Follow-up Guide:

_____ a. Both Clinician and Client
_____ b. Client Only
_____ c. Clinician Only
_____ d. Family Member
_____ e. Other:

6. _____
Recommended Follow-up Time

7. _____
Approved for Follow-up

8. _____
Follow-up Interviewer(s)

9. 6/17/76
Date of Follow-up

Reminders for Follow-up Guide Construction

1. Scale headings are optional conceptual guides used to communicate general dimensions of change to the follow-up worker. They identify the aspect of client functioning that the scale is intended to measure.

2. Scale weights are numbers assigned to the scales which reflect the relative importance of each scale. Large numbers should be assigned to the more important scales. Weight numbers may be any digits from 1 to 100. (They need not sum to 100 or any other number.) Weight assignment is optional, but without specific weights, all scales are weighed equally.

3. For each scale, from three to five scale levels must be defined by statements of behavioral or social events which correspond to levels of attainment. These events must be specific and well defined so that the levels will not overlap and the follow-up worker may accurately determine the client's status at the time of the interview.

4. Scales should include only one variable per level. There may be, however, more than one scale pertaining to a single problem area.

COMMENTS:

This form was developed under Department of Health, Education, and Welfare Grant Number 5 R01 MH1678904 and 1 R12 MH2561902, by the Program Evaluation Resource Center at 501 Park Avenue South, Minneapolis, Minnesota 55415.

GOAL ATTAINMENT FOLLOW-UP GUIDE

LEVELS OF PREDICTED ATTAINMENTS	SCALE HEADINGS AND SCALE WEIGHTS				
	SCALE 1: LANGUAGE EXPRESSIVE (weight$_1$ = 1)	SCALE 2: LANGUAGE RECEPTIVE (weight$_2$ = 1)	SCALE 3: GROSS MOTOR-DENVER (weight$_3$ = 1)	SCALE 4: FINE MOTOR-DENVER (weight$_4$ = 1)	SCALE 5: (weight$_5$ =)
most unfavorable outcome thought likely	JARGON (NON-WORDS) OWN LANGUAGE	PPVT LESS THAN 2.0 M.A.	BELOW 2.5 YEARS	BELOW 2.5 YEARS	
less than expected success	WORDS	2.1 TO 4.0 M.A.	2.6 TO 3.5	2.6 TO 3.5	
expected level of success	PHRASES	4.1 TO 5.5 M.A.	3.6 TO 4.5	3.6 TO 4.5	
more than expected success	SIMPLE SENTENCES	5.6 TO 6.5 M.A.	AGE APPROPRIATE 4.6-6.0	AGE APPROPRIATE 4.6-6.0	
most favorable outcome thought likely	COMPLEX SENTENCES	GREATER THAN 6.5	GREATER THAN 6.0	GREATER THAN 6.0	

Revised, October, 1974

PROGRAM USING G.A.S. CHILD DEVELOPMENT CENTER

TREATMENT TO BE USED FOR THIS PROBLEM AREA: _____

1. SUBJECT S
Client Name

2. PSN-2114-0347724
Client Number

3a. 9/10/75 b. _____
Date of Intake Interview(s)

4. F.E.S.
Intake Interviewer

5. *Persons Involved in Construction of the Goal Attainment Follow-up Guide:*

_____ a. *Both Clinician and Client*
_____ b. *Client Only*
_____ c. *Clinician Only*
_____ d. *Family Member*
_____ e. *Other:*

_____

_____

6. _____
Recommended Follow-up Time

7. _____
Approved for Follow-up

8. _____
Follow-up Interviewer(s)

_____

9. 5/20/76
Date of Follow-up

Reminders for Follow-up Guide Construction

1. *Scale headings are optional conceptual guides used to communicate general dimensions of change to the follow-up worker. They identify the aspect of client functioning that the scale is intended to measure.*

2. *Scale weights are numbers assigned to the scales which reflect the relative importance of each scale. Large numbers should be assigned to the more important scales. Weight numbers may be any digits from 1 to 100. (They need not sum to 100 or any other number.) Weight assignment is optional, but without specific weights, all scales are weighed equally.*

3. *For each scale, from three to five scale levels must be defined by statements of behavioral or social events which correspond to levels of attainment. These events must be specific and well defined so that the levels will not overlap and the follow-up worker may accurately determine the client's status at the time of the interview.*

4. *Scales should include only one variable per level. There may be, however, more than one scale pertaining to a single problem area.*

COMMENTS:

This form was developed under Department of Health, Education, and Welfare Grant Number 5 R01 MH1678904 and 1 R12 MH2561902, by the Program Evaluation Resource Center at 501 Park Avenue South, Minneapolis, Minnesota 55415.

GOAL ATTAINMENT FOLLOW-UP GUIDE

LEVELS OF PREDICTED ATTAINMENTS	SCALE HEADINGS AND SCALE WEIGHTS SCALE 1: TEMPLIN-DARLEY (weight$_1$ = 1)	SCALE 2: RECEPTIVE LANGUAGE SYNTAX (weight$_2$ = 1)	SCALE 3: SCHOOL READINESS PRE-READ. (weight$_3$ = 1)	SCALE 4: SCHOOL READINESS PRE-NUMBER (weight$_4$ = 1)	SCALE 5: (weight$_5$ =)
most unfavorable outcome thought likely	0-5 RAW SCORE	CARROW TACL 10-20%TILE	NONE	NONE	
less than expected success	6-10	21-30%TILE	25%	25%	
expected level of success	11-15	31-50%TILE	50%	50%	
more than expected success	16-20	51-60%TILE	75%	75%	
most favorable outcome thought likely	>20	>60%TILE	100%	100%	

Revised, October, 1974

PROGRAM USING G.A.S. CHILD DEVELOPMENT CENTER

TREATMENT TO BE USED FOR THIS PROBLEM AREA: _____

1. SUBJECT R
Client Name

2. PSN-3025-0345404
Client Number

3a. 9/15/75 b. _____
Date of Intake Interview(s)

4. C.P.
Intake Interviewer

5. Persons Involved in Construction of the Goal Attainment Follow-up Guide:

_____ a. Both Clinician and Client
_____ b. Client Only
_____ c. Clinician Only
_____ d. Family Member
_____ e. Other:

_____

_____

6. _____
Recommended Follow-up Time

7. _____
Approved for Follow-up

8. _____
Follow-up Interviewer(s)

_____

9. 5/21/76
Date of Follow-up

Reminders for Follow-up Guide Construction

1. Scale headings are optional conceptual guides used to communicate general dimensions of change to the follow-up worker. They identify the aspect of client functioning that the scale is intended to measure.

2. Scale weights are numbers assigned to the scales which reflect the relative importance of each scale. Large numbers should be assigned to the more important scales. Weight numbers may be any digits from 1 to 100. (They need not sum to 100 or any other number.) Weight assignment is optional, but without specific weights, all scales are weighed equally.

3. For each scale, from three to five scale levels must be defined by statements of behavioral or social events which correspond to levels of attainment. These events must be specific and well defined so that the levels will not overlap and the follow-up worker may accurately determine the client's status at the time of the interview.

4. Scales should include only one variable per level. There may be, however, more than one scale pertaining to a single problem area.

COMMENTS:

This form was developed under Department of Health, Education, and Welfare Grant Number 5 R01 MH1678904 and 1 R12 MH2561902, by the Program Evaluation Resource Center at 501 Park Avenue South, Minneapolis, Minnesota 55415.

GOAL ATTAINMENT FOLLOW-UP GUIDE

LEVELS OF PREDICTED ATTAINMENTS	SCALE HEADINGS AND SCALE WEIGHTS SCALE 1: SOCIAL BEHAVIOR (weight$_1$ = 1)	SCALE 2: EXPRESSIVE COMMUNICATION (weight$_2$ = 1)	SCALE 3: LOCOMOTION (weight$_3$ = 1)	SCALE 4: (weight$_4$ =)	SCALE 5: (weight$_5$ =)
most unfavorable outcome thought likely	WITHDRAWAL	SILENCE	NO MOVEMENT		
less than expected success	SMILES RESPONSIVELY AND REGARDS FACE OF OTHER THAN FAMILIAR	VERBAL RESPONSE NEGATIVE (CRIES) OR POSITIVE (INCREASED ACTIVITY)	RANDOM MOVEMENT (NO LIMBS)		
expected level of success	ACCEPTING CONTACT FROM OTHER THAN FAMILIAR	SOME SPONTANEOUS VOCALIZATION	MOVES WITH A PURPOSE (NO LIMBS)		
more than expected success	INITIATES CONTACT WITH OTHER THAN FAMILIAR	APPROXIMATION TO ONE WORD REQUESTS	MOVES USING LIMBS		
most favorable outcome thought likely	SEPARATION FROM FAMILIAR PERSON	ONE WORD REQUESTS	CRAWLING		

Revised, October, 1974

PROGRAM USING G.A.S. CHILD DEVELOPMENT CENTER

TREATMENT TO BE USED FOR THIS PROBLEM AREA: _____

1. SUBJECT Q
Client Name

2. PSMM-2162-0358887
Client Number

3a. 11/17/75 b. _____
Date of Intake Interview(s)

4. B.M.
Intake Interviewer

5. Persons Involved in Construction of the Goal Attainment Follow-up Guide:

_____ a. Both Clinician and Client
_____ b. Clinician Only
_____ c. Clinician Only
_____ d. Family Member
_____ e. Other:

6. _____
Recommended Follow-up Time

7. _____
Approved for Follow-up

8. _____
Follow-up Interviewer(s)

9. 5/28/76
Date of Follow-up

Reminders for Follow-up Guide Construction

1. Scale headings are optional conceptual guides used to communicate general dimensions of change to the follow-up worker. They identify the aspect of client functioning that the scale is intended to measure.

2. Scale weights are numbers assigned to the scales which reflect the relative importance of each scale. Large numbers should be assigned to the more important scales. Weight numbers may be any digits from 1 to 100. (They need not sum to 100 or any other number.) Weight assignment is optional, but without specific weights, all scales are weighed equally.

3. For each scale, from three to five scale levels must be defined by statements of behavioral or social events which correspond to levels of attainment. These events must be specific and well defined so that the levels will not overlap and the follow-up worker may accurately determine the client's status at the time of the interview.

4. Scales should include only one variable per level. There may be, however, more than one scale pertaining to a single problem area.

COMMENTS:

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GOAL ATTAINMENT FOLLOW-UP GUIDE

LEVELS OF PREDICTED ATTAINMENTS	SCALE HEADINGS AND SCALE WEIGHTS				
	SCALE 1: GROSS MOTOR-DENVER (weight$_1$ = 1)	SCALE 2: FINE MOTOR-DENVER (weight$_2$ = 1)	SCALE 3: TEMPLIN-DARLEY (weight$_3$ = 1)	SCALE 4: (weight$_4$ =)	SCALE 5: (weight$_5$ =)
most unfavorable outcome thought likely	LESS THAN 3.0 YEARS	LESS THAN 3.0 YEARS	0-10 RAW SCORE		
less than expected success	3.1 TO 4.0 YEARS	3.1 TO 4.0 YEARS	11 TO 20 RAW SCORE		
expected level of success	4.1 TO 5.5 YEARS	4.1 TO 5.5 YEARS	21 TO 30 RAW SCORE		
more than expected success	5.6 TO 6.0 YEARS	5.6 TO 6.0 YEARS	31 TO 40 RAW SCORE		
most favorable outcome thought likely	GREATER THAN 6.0 YEARS	GREATER THAN 6.0 YEARS	GREATER THAN 40 RAW SCORE		

Revised, October, 1974

PROGRAM USING G.A.S. CHILD DEVELOPMENT CENTER

TREATMENT TO BE USED FOR THIS PROBLEM AREA: _____

1. SUBJECT P
Client Name

2. PSN-3025-03602/11
Client Number

3a. 3/22/76 b. _____
Date of Intake Interview(s)

4. C.P.
Intake Interviewer

5. Persons Involved in Construction of the Goal Attainment Follow-up Guide:

_____ a. Both Clinician and Client
_____ b. Client Only
_____ c. Clinician Only
_____ d. Family Member
_____ e. Other:

_____

_____

6. _____
Recommended Follow-up Time

7. _____
Approved for Follow-up

8. _____
Follow-up Interviewer(s)

_____

9. 5/21/76
Date of Follow-up

Reminders for Follow-up Guide Construction

1. Scale headings are optional conceptual guides used to communicate general dimensions of change to the follow-up worker. They identify the aspect of client functioning that the scale is intended to measure.

2. Scale weights are numbers assigned to the scales which reflect the relative importance of each scale. Large numbers should be assigned to the more important scales. Weight numbers may be any digits from 1 to 100. (They need not sum to 100 or any other number.) Weight assignment is optional, but without specific weights, all scales are weighed equally.

3. For each scale, from three to five scale levels must be defined by statements of behavioral or social events which correspond to levels of attainment. These events must be specific and well defined so that the levels will not overlap and the follow-up worker may accurately determine the client's status at the time of the interview.

4. Scales should include only one variable per level. There may be, however, more than one scale pertaining to a single problem area.

COMMENTS:

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GOAL ATTAINMENT FOLLOW-UP GUIDE

LEVELS OF PREDICTED ATTAINMENTS	SCALE HEADINGS AND SCALE WEIGHTS				
	SCALE 1: RECEPTIVE LANGUAGE VOCABULARY (weight$_1$ = 1)	SCALE 2: RECEPTIVE LANGUAGE SYNTAX (weight$_2$ = 1)	SCALE 3: SCHOOL READINESS PRE-RD (weight$_3$ = 1)	SCALE 4: SCHOOL READINESS PRE-NUMBER (weight$_4$ = 1)	SCALE 5: (weight$_5$ =)
most unfavorable outcome thought likely	PPVT LESS THAN 2.0 M.A.	CARROW-TACL 0-10% TILE	NONE	NONE	
less than expected success	2.1 TO 3.0 M.A.	11-20% TILE	25%	25%	
expected level of success	3.1 TO 4.5 M.A.	21-30% TILE	50%	50%	
more than expected success	4.6 TO 5.5 M.A.	31-40% TILE	75%	75%	
most favorable outcome thought likely	GREATER THAN 5.5 M.A.	>40% TILE	100%	100%	

Revised, October, 1974

PROGRAM USING G.A.S. CHILD DEVELOPMENT CENTER

TREATMENT TO BE USED FOR THIS PROBLEM AREA: _____

1. SUBJECT 0
Client Name

2. PSH-3025-0362042
Client Number

3a. 3/24/76 b. _____
Date of Intake Interview(s)

4. P.W.
Intake Interviewer

5. Persons Involved in Construction of the Goal Attainment Follow-up Guide:

_____ a. Both Clinician and Client
_____ b. Client Only
_____ c. Clinician Only
_____ d. Family Member
_____ e. Other:

6. _____
Recommended Follow-up Time

7. _____
Approved for Follow-up

8. _____
Follow-up Interviewer(s)

5/21/76

9. _____
Date of Follow-up

Reminders for Follow-up Guide Construction

1. Scale headings are optional conceptual guides used to communicate general dimensions of change to the follow-up worker. They identify the aspect of client functioning that the scale is intended to measure.

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COMMENTS:

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GOAL ATTAINMENT FOLLOW-UP GUIDE

LEVELS OF PREDICTED ATTAINMENTS	SCALE HEADINGS AND SCALE WEIGHTS SCALE 1: USE OF MATERIALS (weight$_1$ = 1)	SCALE 2: (weight$_2$ =)	SCALE 3: (30 MIN. PERIOD) VERBAL BEHAVIOR (weight$_3$ = 1)	SCALE 4: 30 MIN. PHYSICAL PEER INTER. (weight$_4$ = 1)	SCALE 5: RESPONSE TO ADULT DIRECTIONS (weight$_5$ = 1)
most unfavorable outcome thought likely	DESTRUCTION OF MATERIALS		(UNPROVOKED) ABUSIVE MORE THAN 5 INSTANCES	PHYSICAL AGGRESSION MORE THAN 5 INSTANCES	RESPONDS DISRUPTIVELY
less than expected success	MISUSE OF MATERIALS		30 MIN. SESSION 4-5 INSTANCES	4-5	IGNORES DIRECTION
expected level of success	MANIPULATES MATERIALS		TWO OR THREE INSTANCES	2-3	COMPLIES WITH IMMEDIATE REINFORCEMENT
more than expected success	APPROPRIATE USE OF MATERIALS		ONE INSTANCE	1	COMPLIES WITH INTERMITTENT REINFORCEMENT
most favorable outcome thought likely	USE OF MATERIALS (BEYOND EXPECTED AGE LEVEL)		NO INSTANCES	NONE	COMPLIES WITH NO REINFORCEMENT

Revised, October, 1974

PROGRAM USING G.A.S. CHILD DEVELOPMENT CENTER

TREATMENT TO BE USED FOR THIS PROBLEM AREA: _____

1. SUBJECT N
Client Name

2. PSED-0223-0363961
Client Number

3a. 10/15/75 b. _____
Date of Intake Interview(s)

4. R.R.
Intake Interviewer

5. Persons Involved in Construction of the Goal Attainment Follow-up Guide:

_____ a. Both Clinician and Client
_____ b. Client Only
_____ c. Clinician Only
_____ d. Family Member
_____ e. Other:

_____

_____

6. _____
Recommended Follow-up Time

7. _____
Approved for Follow-up

8. _____
Follow-up Interviewer(s)

_____

9. 1/20/76
Date of Follow-up

Reminders for Follow-up Guide Construction

1. Scale headings are optional conceptual guides used to communicate general dimensions of change to the follow-up worker. They identify the aspect of client functioning that the scale is intended to measure.

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4. Scales should include only one variable per level. There may be, however, more than one scale pertaining to a single problem area.

COMMENTS:

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GOAL ATTAINMENT FOLLOW-UP GUIDE

LEVELS OF PREDICTED ATTAINMENTS	SCALE HEADINGS AND SCALE WEIGHTS				
	SCALE 1: (TEMPLIN-DARLEY) ARTICULATION (weight$_1$ = 1)	SCALE 2: EXPRESSIVE LANGUAGE (weight$_2$ = 1)	SCALE 3: RECEPTIVE LANGUAGE (weight$_3$ = 1)	SCALE 4: (weight$_4$ =)	SCALE 5: (weight$_5$ =)
most unfavorable outcome thought likely	0-5 RAW SCORE	GESTURES, INTONATION, BODY LANGUAGE	CARROW TACL 0-10%TILE		
less than expected success	6-10	JARGON (NON-WORDS)	11-10%TILE		
expected level of success	11-15	WORDS	21-40%TILE		
more than expected success	16-20	PHRASES	41-50%TILE		
most favorable outcome thought likely	> 20	SENTENCES	> 50%TILE		

Revised, October, 1974

PROGRAM USING G.A.S. CHILD DEVELOPMENT CENTER

TREATMENT TO BE USED FOR THIS PROBLEM AREA: _____

1. SUBJECT M
Client Name

2. PSN-2114-0347738
Client Number

3a. 1/22/76 b. _____
Date of Intake Interview(s)

4. G.R.
Intake Interviewer

5. Persons Involved in Construction of the Goal Attainment Follow-up Guide:

_____ a. Both Clinician and Client
_____ b. Client Only
_____ c. Clinician Only
_____ d. Family Member
_____ e. Other:

_____

_____

6. _____
Recommended Follow-up Time

7. _____
Approved for Follow-up

8. _____
Follow-up Interviewer(s)

_____

9. 5/21/76
Date of Follow-up

Reminders for Follow-up Guide Construction

1. Scale headings are optional conceptual guides used to communicate general dimensions of change to the follow-up worker. They identify the aspect of client functioning that the scale is intended to measure.

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4. Scales should include only one variable per level. There may be, however, more than one scale pertaining to a single problem area.

COMMENTS:

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GOAL ATTAINMENT FOLLOW-UP GUIDE

LEVELS OF PREDICTED ATTAINMENTS	SCALE HEADINGS AND SCALE WEIGHTS				
	SCALE 1: P&A I (weight$_1$ = 1)	SCALE 2: FINE MOTOR-DENVER (weight$_2$ = 1)	SCALE 3: SCHOOL READINESS PRE-READ. (weight$_3$ = 1)	SCALE 4: SCHOOL READINESS PRE-NUMBER (weight$_4$ = 1)	SCALE 5: SELF-HELP (weight$_5$ = 1)
most unfavorable outcome thought likely	ISOLATED PLAY - WOULD NOT SEPARATE FROM PARENTS, WOULD NOT ENTER PLAY ROOM. TOTALLY DEPENDENT ON PARENT.	BELOW 2 YEAR LEVEL.	NONE	NONE	COMPLETE DEPENDENCY
less than expected success	ISOLATED PLAY - WITHIN PLAY ROOM, PARENT PRESENT.	2 ½ - 3 YEAR LEVEL	25%	25%	BELOW 2 YEAR LEVEL
expected level of success	PARALLEL PLAY - PLAYS IN GROUP BUT DOES NOT INTERACT WITH OTHER CHILDREN OR ADULT.	3-4 YEARS	50%	50%	2-3 YEAR LEVEL
more than expected success	ASSOCIATIVE PLAY - PLAYS IN GROUP - MINIMAL INTERACTION - RECOGNIZES OTHERS - WILL COMMUNICATE WITH TEACHER.	AGE APPROPRIATE	75%	75%	AGE APPROPRIATE 3.1 TO 4.5
most favorable outcome thought likely	INTERACTS THROUGH ADULT STRUCTURING WITH OTHER CHILDREN.	COMPLETELY INDEPENDENT IN MEASURED SKILLS.	100%	100%	COMPLETELY INDEPENDENT IN MEASURED SKILLS.

Revised, October, 1974

PROGRAM USING G.A.S. CHILD DEVELOPMENT CENTER

TREATMENT TO BE USED FOR THIS PROBLEM AREA: _____

1. SUBJECT 1
Client Name

2. PSN-2114-034740
Client Number

3a. 1/27/76 b. _____
Date of Intake Interview(s)

4. G.R.
Intake Interviewer

5. Persons Involved in Construction of the Goal Attainment Follow-up Guide:

_____ a. Both Clinician and Client
_____ b. Client Only
_____ c. Clinician Only
_____ d. Family Member
_____ e. Other:

_____

_____

6. _____
Recommended Follow-up Time

7. _____
Approved for Follow-up

8. _____
Follow-up Interviewer(s)

_____

9. 5/20/76
Date of Follow-up

Reminders for Follow-up Guide Construction

1. Scale headings are optional conceptual guides used to communicate general dimensions of change to the follow-up worker. They identify the aspect of client functioning that the scale is intended to measure.

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3. For each scale, from three to five scale levels must be defined by statements of behavioral or social events which correspond to levels of attainment. These events must be specific and well defined so that the levels will not overlap and the follow-up worker may accurately determine the client's status at the time of the interview.

4. Scales should include only one variable per level. There may be, however, more than one scale pertaining to a single problem area.

COMMENTS:

This form was developed under Department of Health, Education, and Welfare Grant Number 5 R01 MH16789O4 and 1 R12 MH2561902, by the Program Evaluation Resource Center at 501 Park Avenue South, Minneapolis, Minnesota 55415.

GOAL ATTAINMENT FOLLOW-UP GUIDE

LEVELS OF PREDICTED ATTAINMENTS	SCALE HEADINGS AND SCALE WEIGHTS				
	SCALE 1: P&A I (weight$_1$ = 1)	SCALE 2: EXPRESSIVE LANGUAGE (weight$_2$ = 1)	SCALE 3: GROSS & FINE MOTOR SKILL (weight$_3$ = 1)	SCALE 4: SCHOOL READINESS (weight$_4$ = 1)	SCALE 5: (weight$_5$ =)
most unfavorable outcome thought likely	ISOLOATED PLAY - WOULD NOT SEPARATE FROM PARENT - WOULD NOT ENTER PLAY ROOM. TOTAL DEPENDENCY ON PARENT.	JARGON (NON-WORDS) HIS OWN LANGUAGE	PERFORMS BELOW 2 YEARS	ACCOMPLISHES NONE OF THE LISTED TASKS ON P-R, P-N	
less than expected success	PARALLEL PLAY - PLAYS IN GROUP BUT DOES NOT INTERACT WITH OTHERS EITHER ADULT OR CHILD	WORDS	2.0-3.4	25%	
expected level of success	ASSOCIATIVE PLAY- PLAYS IN GROUP, MINIMAL INTERACTION, RECOGNIZES OTHERS, COMMUNICATES WITH TEACHERS.	PHRASES	3.5-3.9	50%	
more than expected success	INTERACTS THROUGH ADULT STRUCTURING WITH OTHER CHILDREN	SIMPLE SENTENCES	4.0-4.4	75%	
most favorable outcome thought likely	INTERACTS WITH PEERS COOPERATIVELY - IMITATES ACTIVITIES	COMPLEX SENTENCES	PERFORMS AT AGE LEVEL 4.5 ON DENVER GROSS & FINE	AGE EXPECTED PERFORMANCE ON P-R, P-N 100%	

Revised, October, 1974

PROGRAM USING G.A.S. CHILD DEVELOPMENT CENTER

TREATMENT TO BE USED FOR THIS PROBLEM AREA: _____

1. SUBJECT K
Client Name

2. PSN-2114-0347739
Client Number

3a. 1/26/76 b. _____
Date of Intake Interview(s)

4. F.E.B.
Intake Interviewer

5. *Persons Involved in Construction of the Goal Attainment Follow-up Guide:*

_____ a. Both Clinician and Client
_____ b. Client Only
_____ c. Clinician Only
_____ d. Family Member
_____ e. Other:

6. _____
Recommended Follow-up Time

7. _____
Approved for Follow-up

8. _____
Follow-up Interviewer(s)

9. 5/20/76
Date of Follow-up

Reminders for Follow-up Guide Construction

1. *Scale headings are optional conceptual guides used to communicate general dimensions of change to the follow-up worker. They identify the aspect of client functioning that the scale is intended to measure.*

2. *Scale weights are numbers assigned to the scales which reflect the relative importance of each scale. Large numbers should be assigned to the more important scales. Weight numbers may be any digits from 1 to 100. (They need not sum to 100 or any other number.) Weight assignment is optional, but without specific weights, all scales are weighed equally.*

3. *For each scale, from three to five scale levels must be defined by statements of behavioral or social events which correspond to levels of attainment. These events must be specific and well defined so that the levels will not overlap and the follow-up worker may accurately determine the client's status at the time of the interview.*

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COMMENTS:

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GOAL ATTAINMENT FOLLOW-UP GUIDE

LEVELS OF PREDICTED ATTAINMENTS	SCALE HEADINGS AND SCALE WEIGHTS				
	SCALE 1: GROSS MOTOR - DENVER (weight$_1$ = 1)	SCALE 2: LANGUAGE - DENVER (weight$_2$ = 1)	SCALE 3: FINE MOTOR ADAPTIVE - DENVER (weight$_3$ = 1)	SCALE 4: PERSONAL-SOCIAL - DENVER (weight$_4$ = 1)	SCALE 5: (weight$_5$ =)
most unfavorable outcome thought likely	<12 MOS.	<12 MOS.	<12 MOS.	<12 MOS.	
less than expected success	12-15 MOS.	12-15 MOS.	12-15 MOS.	12-15 MOS.	
expected level of success	16-23 MOS.	16-23 MOS.	16-23 MOS.	16-23 MOS.	
more than expected success	24-29 MOS.	24-29 MOS.	24-29 MOS.	24-29 MOS.	
most favorable outcome thought likely	30-36 MOS.	30-36 MOS.	30-36 MOS.	30-36 MOS.	

Revised, October, 1974

PROGRAM USING G.A.S. CHILD DEVELOPMENT CENTER

TREATMENT TO BE USED FOR THIS PROBLEM AREA: _____

1. SUBJECT J
Client Name

2. PSMH-2095-0364952
Client Number

3a. 3/22/76 b. _____
Date of Intake Interview(s)

4. M.D.
Intake Interviewer

5. Persons Involved in Construction of the Goal Attainment Follow-up Guide:

_____ a. Both Clinician and Client
_____ b. Client Only
_____ c. Clinician Only
_____ d. Family Member
_____ e. Other:

6. _____
Recommended Follow-up Time

7. _____
Approved for Follow-up

8. _____
Follow-up Interviewer(s)

9. 5/24/76
Date of Follow-up

Reminders for Follow-up Guide Construction

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GOAL ATTAINMENT FOLLOW-UP GUIDE

LEVELS OF PREDICTED ATTAINMENTS	SCALE HEADINGS AND SCALE WEIGHTS SCALE 1: GROSS MOTOR-DENVER ($weight_1$ = 1)	SCALE 2: FINE MOTOR-DENVER ($weight_2$ = 1)	SCALE 3: LANGUAGE-DENVER ($weight_3$ = 1)	SCALE 4: P&A 1 ($weight_4$ = 1)	SCALE 5: ($weight_5$ =)
most unfavorable outcome thought likely	LESS THAN 1.0 YEARS	LESS THAN 1.0 YEARS	LESS THAN 1.0 YEARS	ISOLATED PLAY - WOULD NOT SEPARATE FROM PARENTS - WOULD NOT ENTER PLAY ROOM. TOTALLY DEPENDENT ON PARENT.	
less than expected success	1.1 TO 2.0 YEARS	1.1 TO 2.0 YEARS	1.1 TO 2.0 YEARS	ISOLATED PLAY - WITHIN PLAY ROOM PARENT PRESENT.	
expected level of success	2.1 TO 3.5 YEARS	2.1 TO 3.5 YEARS	2.5 TO 3.5 YEARS	PARALLEL PLAY - PLAYS IN GROUP BUT DOES NOT INTERACT WITH OTHER CHILDREN OR ADULT.	
more than expected success	3.6 TO 4.0 YEARS	3.6 TO 4.0 YEARS	3.6 TO 4.0 YEARS	ASSOCIATIVE PLAY - PLAYS IN GROUP - MINIMAL INTERACTION RECOGNIZES OTHERS - WILL COMMUNICATE WITH TEACHER	
most favorable outcome thought likely	GREATER THAN 4.0 YEARS	GREATER THAN 4.0 YEARS	GREATER THAN 4.0 YEARS	INTERACTS THROUGH ADULT STRUCTURING WITH OTHER CHILDREN.	

Revised, October, 1974

PROGRAM USING G.A.S. CHILD DEVELOPMENT CENTER

TREATMENT TO BE USED FOR THIS PROBLEM AREA: _____

1. SUBJECT I
Client Name

2. PSN-4500-034857-1
Client Number

3a. 1/20/76 b. _____
Date of Intake Interview(s)

4. S.K.
Intake Interviewer

5. Persons Involved in Construction of the Goal Attainment Follow-up Guide:

_____ a. Both Clinician and Client
_____ b. Client Only
_____ c. Clinician Only
_____ d. Family Member
_____ e. Other:

_____

_____

6. _____
Recommended Follow-up Time

7. _____
Approved for Follow-up

8. _____
Follow-up Interviewer(s)

_____

9. 5/21/76
Date of Follow-up

Reminders for Follow-up Guide Construction

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4. Scales should include only one variable per level. There may be, however, more than one scale pertaining to a single problem area.

COMMENTS:

This form was developed under Department of Health, Education, and Welfare Grant Number 5 R01 MH11678904 and 1 R12 MH12561902, by the Program Evaluation Resource Center at 501 Park Avenue South, Minneapolis, Minnesota 55415.

GOAL ATTAINMENT FOLLOW-UP GUIDE

LEVELS OF PREDICTED ATTAINMENTS	SCALE HEADINGS AND SCALE WEIGHTS SCALE 1: EXPRESSIVE LANGUAGE (weight$_1$ = 1)	SCALE 2: SCHOOL READINESS - PRE-READ. (weight$_2$ = 1)	SCALE 3: SCHOOL READINESS - PRE-NUMBER (weight$_3$ = 1)	SCALE 4: (weight$_4$ =)	SCALE 5: (weight$_5$ =)
most unfavorable outcome thought likely	NON-VERBAL COMMUNICATION	NONE	NONE		
less than expected success	JARGON (NON-WORDS)	25%	25%		
expected level of success	MEANINGFUL WORDS	50%	50%		
more than expected success	MEANINGFUL PHRASES	75%	75%		
most favorable outcome thought likely	MEANINGFUL SENTENCES	100%	100%		

Revised, October, 1974

PROGRAM USING G.A.S. CHILD DEVELOPMENT CENTER

TREATMENT TO BE USED FOR THIS PROBLEM AREA: _____

1. SUBJECT H
Client Name

2. PSN-4500-0348572
Client Number

3a. 2/3/76 b. _____
Date of Intake Interview(s)

4. B.R.
Intake Interviewer

5. Persons Involved in Construction of the Goal Attainment Follow-up Guide:

_____ a. Both Clinician and Client
_____ b. Client Only
_____ c. Clinician Only
_____ d. Family Member
_____ e. Other:

_____

_____

6. _____
Recommended Follow-up Time

7. _____
Approved for Follow-up

8. _____
Follow-up Interviewer(s)

_____

9. 5/21/76
Date of Follow-up

Reminders for Follow-up Guide Construction

1. Scale headings are optional conceptual guides used to communicate general dimensions of change to the follow-up worker. They identify the aspect of client functioning that the scale is intended to measure.

2. Scale weights are numbers assigned to the scales which reflect the relative importance of each scale. Large numbers should be assigned to the more important scales. Weight numbers may be any digits from 1 to 100. (They need not sum to 100 or any other number.) Weight assignment is optional, but without specific weights, all scales are weighed equally.

3. For each scale, from three to five scale levels must be defined by statements of behavioral or social events which correspond to levels of attainment. These events must be specific and well defined so that the levels will not overlap and the follow-up worker may accurately determine the client's status at the time of the interview.

4. Scales should include only one variable per level. There may be, however, more than one scale pertaining to a single problem area.

COMMENTS:

This form was developed under Department of Health, Education, and Welfare Grant Number 5 R01 MH1678904 and 1 R12 MH2561902, by the Program Evaluation Resource Center at 501 Park Avenue South, Minneapolis, Minnesota 55415.

GOAL ATTAINMENT FOLLOW-UP GUIDE

LEVELS OF PREDICTED ATTAINMENTS	SCALE HEADINGS AND SCALE WEIGHTS SCALE 1: (weight$_1$ =)	SCALE 2: ARTICULATION (weight$_2$ = 1)	SCALE 3: SCHOOL READINESS - PRE-READ. (weight$_3$ = 1)	SCALE 4: SCHOOL READINESS - PRE-NUMBER (weight$_4$ = 1)	SCALE 5: (weight$_5$ =)
most unfavorable outcome thought likely		TEMPLIN-DARLEY 0-5 RAW SCORE	0	0	
less than expected success		6-10	25%	25%	
expected level of success		11-15	50%	50%	
more than expected success		16-20	75%	75%	
most favorable outcome thought likely		20	100%	100%	

Revised, October, 1974

PROGRAM USING G.A.S. CHILD DEVELOPMENT CENTER

TREATMENT TO BE USED FOR THIS PROBLEM AREA: _____

1. SUBJECT G
Client Name

2. PSN-4135-0358/14
Client Number

3a. 1/21/76 b. _____
Date of Intake Interview(s)

4. C.F.
Intake Interviewer

5. Persons Involved in Construction of the Goal Attainment Follow-up Guide:

_____ a. Both Clinician and Client
_____ b. Client Only
_____ c. Clinician Only
_____ d. Family Member
_____ e. Other:

_____

_____

6. _____
Recommended Follow-up Time

7. _____
Approved for Follow-up

8. _____
Follow-up Interviewer(s)

_____

9. 5/17/76
Date of Follow-up

Reminders for Follow-up Guide Construction

1. Scale headings are optional conceptual guides used to communicate general dimensions of change to the follow-up worker. They identify the aspect of client functioning that the scale is intended to measure.

2. Scale weights are numbers assigned to the scales which reflect the relative importance of each scale. Large numbers should be assigned to the more important scales. Weight numbers may be any digits from 1 to 100. (They need not sum to 100 or any other number.) Weight assignment is optional, but without specitic weights, all scales are weighed equally.

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4. Scales should include only one variable per level. There may be, however, more than one scale pertaining to a single problem area.

COMMENTS:

This form was developed under Department of Health, Education, and Welfare Grant Number 5 R01 MH16789O4 and 1 R12 MH2561902, by the Program Evaluation Resource Center at 501 Park Avenue South, Minneapolis, Minnesota 55415.

GOAL ATTAINMENT FOLLOW-UP GUIDE

LEVELS OF PREDICTED ATTAINMENTS	SCALE HEADINGS AND SCALE WEIGHTS				
	SCALE 1: P&A I (weight$_1$ = 1)	SCALE 2: EXPRESSIVE LANGUAGE (weight$_2$ = 1)	SCALE 3: RECEPTIVE LANGUAGE (weight$_3$ = 1)	SCALE 4: FINE & GROSS MOTOR (weight$_4$ = 1)	SCALE 5: (weight$_5$ =)
most unfavorable outcome thought likely	ISOLATED PLAY - WOULD NOT SEPARATE FROM PARENTS - WOULD NOT ENTER PLAY ROOM. TOTALLY DEPENDENT.	INAPPROPRIATE SYNTAX (OMISSIONS OF WORDS, REVERSALS OF WORD ORDER, INAPPROPRIATE TENSE).	LESS THAN 2.0 M.A. PPVT.	LESS THAN 2.0 YEAR LEVEL.	
less than expected success	ISLOATED PLAY - WITHIN PLAY ROOM, PARENT PRESENT.	PHRASES IN CORRECT SYNTACTICAL ORDER	2.1 M.A. AT C.A. 4.4 2.1-4.0 M.A.	2-3 YEARS	
expected level of success	PARALLEL PLAY - PLAYS IN GROUP BUT DOES NOT INTERACT WITH OTHER CHILDREN OR ADULT.	SIMPLE SENTENCES	M.A. ON LEVEL 5.0 AT C.A. 5.0 4.1-5.5	3-4 YEARS	
more than expected success	ASSOCIATIVE PLAY - PLAYS IN GROUP MINIMAL INTERACTION, RECOGNIZES OTHERS, WILL COMMUNICATE WITH TEACHER	COMPLEX SENTENCES	5.6 TO 6.5	4.1-5.5 AGE APPROPRIATE	
most favorable outcome thought likely	INTERACTS THROUGH ADULT STRUCTURING WITH OTHER CHILDREN	SEQUENTIAL DESCRIPTIONS	GREATER THAN 6.5	5.5 (GREATER THAN) ABOVE 5 YEAR LEVEL	

Revised, October, 1974

PROGRAM USING G.A.S. CHILD DEVELOPMENT CENTER

TREATMENT TO BE USED FOR THIS PROBLEM AREA: _____

1. SUBJECT F
Client Name

2. PSN-4500-0348586
Client Number

3a. 3/8/76 b. _____
Date of Intake Interview(s)

4. S.K.
Intake Interviewer

5. Persons Involved in Construction of the Goal Attainment Follow-up Guide:

_____ a. Both Clinician and Client
_____ b. Client Only
_____ c. Clinician Only
_____ d. Family Member
_____ e. Other:

_____

_____

6. _____
Recommended Follow-up Time

7. _____
Approved for Follow-up

8. _____
Follow-up Interviewer(s)

_____

9. 5/21/76
Date of Follow-up

Reminders for Follow-up Guide Construction

1. Scale headings are optional conceptual guides used to communicate general dimensions of change to the follow-up worker. They identify the aspect of client functioning that the scale is intended to measure.

2. Scale weights are numbers assigned to the scales which reflect the relative importance of each scale. Large numbers should be assigned to the more important scales. Weight numbers may be any digits from 1 to 100. (They need not sum to 100 or any other number.) Weight assignment is optional, but without specific weights, all scales are weighed equally.

3. For each scale, from three to five scale levels must be defined by statements of behavioral or social events which correspond to levels of attainment. These events must be specific and well defined so that the levels will not overlap and the follow-up worker may accurately determine the client's status at the time of the interview.

4. Scales should include only one variable per level. There may be, however, more than one scale pertaining to a single problem area.

COMMENTS:

This form was developed under Department of Health, Education, and Welfare Grant Number 5 R01 MH1678904 and 1 R12 MH2561902, by the Program Evaluation Resource Center at 501 Park Avenue South, Minneapolis, Minnesota 55415.

GOAL ATTAINMENT FOLLOW-UP GUIDE

LEVELS OF PREDICTED ATTAINMENTS	SCALE HEADINGS AND SCALE WEIGHTS				
	SCALE 1: P&A I ($weight_1$ = 1)	SCALE 2: ARTICULATION ($weight_2$ = 1)	SCALE 3: EXPRESSIVE LANGUAGE ($weight_3$ = 1)	SCALE 4: ($weight_4$ =)	SCALE 5: ($weight_5$ =)
most unfavorable outcome thought likely	ISOLATED PLAY - WOULD NOT SEPARATE FROM PARENT. WOULD NOT ENTER PLAY ROOM. TOTAL DEPENDENCY ON PARENT.	TEMPLIN-DARLEY 0-5 RAW SCORE	MEANINGFUL WORDS		
less than expected success	PARALLEL PLAY - PLAYS IN GROUP BUT DOES NOT INTERACT WITH OTHERS EITHER ADULT OR CHILD.	6-10	MEANINGFUL PHRASES		
expected level of success	INTERACTIVE PLAY - PLAYS IN GROUP, MINIMAL INTERACTION, RECOGNIZES OTHERS, COMMUNICATES WITH TEACHER.	11-15	SIMPLE SENTENCES		
more than expected success	INTERACTS THROUGH ADULT STRUCTURING WITH OTHER CHILDREN.	16-20	COMPLEX SENTENCES		
most favorable outcome thought likely	INTERACTS WITH PEERS COOPERATIVELY - IMITATES ACTIVITIES.	>20	SEQUENTIAL DESCRIPTIONS		

Revised, October, 1974

PROGRAM USING G.A.S. CHILD DEVELOPMENT CENTER

TREATMENT TO BE USED FOR THIS PROBLEM AREA: _____

1. SUBJECT E
Client Name

2. PSN-3336-0361164
Client Number

3a. 2/9/76 b. _____
Date of Intake Interview(s)

4. S.H.
Intake Interviewer

5. *Persons Involved in Construction of the Goal Attainment Follow-up Guide:*

_____ a. *Both Clinician and Client*
_____ b. *Client Only*
_____ c. *Clinician Only*
_____ d. *Family Member*
_____ e. *Other:*

_____

_____

6. _____
Recommended Follow-up Time

7. _____
Approved for Follow-up

8. _____
Follow-up Interviewer(s)

_____

9. 5/26/76
Date of Follow-up

Reminders for Follow-up Guide Construction

1. *Scale headings are optional conceptual guides used to communicate general dimensions of change to the follow-up worker. They identify the aspect of client functioning that the scale is intended to measure.*

2. *Scale weights are numbers assigned to the scales which reflect the relative importance of each scale. Large numbers should be assigned to the more important scales. Weight numbers may be any digits from 1 to 100. (They need not sum to 100 or any other number.) Weight assignment is optional, but without specific weights, all scales are weighed equally.*

3. *For each scale, from three to five scale levels must be defined by statements of behavioral or social events which correspond to levels of attainment. These events must be specific and well defined so that the levels will not overlap and the follow-up worker may accurately determine the client's status at the time of the interview.*

4. *Scales should include only one variable per level. There may be, however, more than one scale pertaining to a single problem area.*

COMMENTS:

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GOAL ATTAINMENT FOLLOW-UP GUIDE

LEVELS OF PREDICTED ATTAINMENTS	SCALE HEADINGS AND SCALE WEIGHTS SCALE 1: USE OF MATERIALS (weight$_1$ = 1)	SCALE 2: VERBAL BEHAVIOR (30 MIN. PERIOD) (weight$_2$ = 1)	SCALE 3: PHYSICAL PEER INTER. (30 MIN. PERIOD) (weight$_3$ = 1)	SCALE 4: RESPONSE TO ADULT DIRECTION (weight$_4$ = 1)	SCALE 5: (weight$_5$ =)
most unfavorable outcome thought likely	DESTRUCTION OF MATERIALS	UNPROVOKED ABUSIVE (MORE THAN 5)	PHYSICAL AGGRESSION (MORE THAN 5)	RESPONDS DISRUPTIVELY	
less than expected success	MISUSE OF MATERIALS	4-5 OCCURENCES	4-5 OCCURENCES	IGNORES DIRECTION	
expected level of success	MANIPUATED MATERIALS	2-3 OCCURENCES	2-3 OCCURENCES	COMPLIES WITH IMMEDIATE REINFORCEMENT	
more than expected success	APPROPRIATE USE OF MATERIALS	1 OCCURENCE	1 OCCURENCE	COMPLIES WITH INTERMITTENT REINFORCEMENT	
most favorable outcome thought likely	USE OF MATERIALS (BEYOND EXPECTED AGE LEVEL)	0 OCCURENCES	0 OCCURENCES	COMPLIES WITH NO REINFORCEMENT	

Revised, October, 1974

PROGRAM USING G.A.S. CHILD DEVELOPMENT CENTER

TREATMENT TO BE USED FOR THIS PROBLEM AREA: _____

1. SUBJECT D
Client Name

2. PSN-2114-0347741
Client Number

3a. 1/26/76 b. _____
Date of Intake Interview(s)

4. D.R.
Intake Interviewer

5. Persons Involved in Construction of the Goal Attainment Follow-up Guide:

_____ a. Both Clinician and Client
_____ b. Client Only
_____ c. Clinician Only
_____ d. Family Member
_____ e. Other:

_____

_____

6. _____
Recommended Follow-up Time

7. _____
Approved for Follow-up

8. _____
Follow-up Interviewer(s)

_____

9. 5/21/76
Date of Follow-up

Reminders for Follow-up Guide Construction

1. Scale headings are optional conceptual guides used to communicate general dimensions of change to the follow-up worker. They identify the aspect of client functioning that the scale is intended to measure.

2. Scale weights are numbers assigned to the scales which reflect the relative importance of each scale. Large numbers should be assigned to the more important scales. Weight numbers may be any digits from 1 to 100. (They need not sum to 100 or any other number.) Weight assignment is optional, but without specific weights, all scales are weighed equally.

3. For each scale, from three to five scale levels must be defined by statements of behavioral or social events which correspond to levels of attainment. These events must be specific and well defined so that the levels will not overlap and the follow-up worker may accurately determine the client's status at the time of the interview.

4. Scales should include only one variable per level. There may be, however, more than one scale pertaining to a single problem area.

COMMENTS:

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GOAL ATTAINMENT FOLLOW-UP GUIDE

LEVELS OF PREDICTED ATTAINMENTS	SCALE HEADINGS AND SCALE WEIGHTS SCALE 1: TEMPLIN-DARLEY (weight$_1$ = 1)	SCALE 2: RECEPTIVE LANGUAGE VOCABULARY (weight$_2$ = 1)	SCALE 3: EXPRESSIVE LANGUAGE (weight$_3$ = 1)	SCALE 4: GROSS MOTOR-DENVER (weight$_4$ = 1)	SCALE 5: (weight$_5$ =)
most unfavorable outcome thought likely	0-5 RAW SCORE	PPVT LESS THAN 2.0 M.A.	WORDS	LESS THAN 2.5 YEARS	
less than expected success	6-10 RAW SCORE	2.1 TO 3.0 M.A.	PHRASES	2.6 TO 3.0 YEARS	
expected level of success	11-15 RAW SCORE	3.1 TO 4.5 M.A.	SIMPLE SENTENCES	3.1 TO 4.5 YEARS	
more than expected success	16-20 RAW SCORE	4.6 TO 5.5 M.A.	COMPLEX SENTENCES	4.6 TO 5.5 YEARS	
most favorable outcome thought likely	>20 RAW SCORE	GREATER THAN 5.5 M.A.	SEQUENTIAL DESCRIPTION	GREATER THAN 5.6 YEARS	

Revised, October, 1974

PROGRAM USING G.A.S. CHILD DEVELOPMENT CENTER

TREATMENT TO BE USED FOR THIS PROBLEM AREA: _____

1. SUBJECT C
Client Name

2. PSN-1202-0370844
Client Number

3a. 3/26/76 b. _____
Date of Intake Interview(s)

4. H.K.
Intake Interviewer

5. *Persons Involved in Construction of the Goal Attainment Follow-up Guide:*

_____ a. *Both Clinician and Client*
_____ b. *Client Only*
_____ c. *Clinician Only*
_____ d. *Family Member*
_____ e. *Other:*

_____

_____

6. _____
Recommended Follow-up Time

7. _____
Approved for Follow-up

8. _____
Follow-up Interviewer(s)

_____

9. 6/4/76
Date of Follow-up

Reminders for Follow-up Guide Construction

1. *Scale headings are optional conceptual guides used to communicate general dimensions of change to the follow-up worker. They identify the aspect of client functioning that the scale is intended to measure.*

2. *Scale weights are numbers assigned to the scales which reflect the relative importance of each scale. Large numbers should be assigned to the more important scales. Weight numbers may be any digits from 1 to 100. (They need not sum to 100 or any other number.) Weight assignment is optional, but without specific weights, all scales are weighed equally.*

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4. *Scales should include only one variable per level. There may be, however, more than one scale pertaining to a single problem area.*

COMMENTS:

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GOAL ATTAINMENT FOLLOW-UP GUIDE

LEVELS OF PREDICTED ATTAINMENTS	SCALE HEADINGS AND SCALE WEIGHTS				
	SCALE 1: P&A I ($weight_1$ = 1)	SCALE 2: RECEPTIVE LANGUAGE VOCABULARY ($weight_2$ = 1)	SCALE 3: RECEPTIVE LANGUAGE SYNTAX ($weight_3$ = 1)	SCALE 4: SCHOOL READINESS - PRE-READ. ($weight_4$ = 1)	SCALE 5: SCHOOL READINESS - PRE-NUMBER ($weight_5$ = 1)
most unfavorable outcome thought likely	WITHDRAWAL	PPVT LESS THAN 2.0 M.A.	CARROW TACL 10-20% TILE	NONE	NONE
less than expected success	ISOLATED PLAY - PLAYS IN GROUP BUT DOES NOT INTERACT WITH OTHERS EITHER ADULT OR CHILD	2.1 TO 4.0 M.A.	21-30% TILE	25%	25%
expected level of success	INTERACTIVE PLAY - PLAYS IN GROUP, MINIMAL INTERACTION, RECOGNIZES OTHERS, COMMUNICATES W/TEACHER	4.1 TO 5.5 M.A.	31-50% TILE	50%	50%
more than expected success	INTERACTS THROUGH ADULT STRUCTURING WITH OTHER CHILDREN	5.6 TO 6.5 M.A.	51-60% TILE	75%	75%
most favorable outcome thought likely	INTERACTS WITH PEERS COOPERATIVELY - IMITATES ACTIVITIES	GREATER THAN 6.5 M.A.	> 60% TILE	100%	100%

Revised, October, 1974

PROGRAM USING G.A.S. CHILD DEVELOPMENT CENTER

TREATMENT TO BE USED FOR THIS PROBLEM AREA: _____

1. SUBJECT B
Client Name

2. PSH-12-2-0362982
Client Number

3a. 3/8/76 b. _____
Date of Intake Interview(s)

4. B.K.
Intake Interviewer

5. Persons Involved in Construction of the Goal Attainment Follow-up Guide:

_____ a. Both Clinician and Client
_____ b. Client Only
_____ c. Clinician Only
_____ d. Family Member
_____ e. Other:

_____

_____

6. _____
Recommended Follow-up Time

7. _____
Approved for Follow-up

8. _____
Follow-up Interviewer(s)

_____

9. 6/4/76
Date of Follow-up

Reminders for Follow-up Guide Construction

1. Scale headings are optional conceptual guides used to communicate general dimensions of change to the follow-up worker. They identify the aspect of client functioning that the scale is intended to measure.

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4. Scales should include only one variable per level. There may be, however, more than one scale pertaining to a single problem area.

COMMENTS:

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GOAL ATTAINMENT FOLLOW-UP GUIDE

LEVELS OF PREDICTED ATTAINMENTS	SCALE HEADINGS AND SCALE WEIGHTS				
	SCALE 1: GROSS MOTOR-DENVER (weight$_1$ = 1)	SCALE 2: LANGUAGE-DENVER (weight$_2$ = 1)	SCALE 3: FINE MOTOR ADAPTIVE-DENVER (weight$_3$ = 1)	SCALE 4: PERSONAL-SOCIAL - DENVER (weight$_4$ = 1)	SCALE 5: (weight$_5$ =)
most unfavorable outcome thought likely	> 12 MOS.	>12 MOS.	> 12 MOS.	> 12 MOS.	
less than expected success	12-15 MOS.	12-15 MOS.	12-15 MOS.	12-15 MOS.	
expected level of success	16-23 MOS.	16-23 MOS.	16-23 MOS.	16-23 MOS.	
more than expected success	24-29 MOS.	24-29 MOS.	24-29 MOS.	24-29 MOS.	
most favorable outcome thought likely	30-36 MOS.	30-36 MOS.	30-36 MOS.	30-36 MOS.	

Revised, October, 1974

PROGRAM USING G.A.S. CHILD DEVELOPMENT CENTER

TREATMENT TO BE USED FOR THIS PROBLEM AREA: _____

1. SUBJECT A
Client Name

2. PSU1-2095-0387521
Client Number

3a. 9/26/75 b. _____
Date of Intake Interview(s)

4. K.B.
Intake Interviewer

5. Persons Involved in Construction of the Goal Attainment Follow-up Guide:

_____ a. Both Clinician and Client
_____ b. Client Only
_____ c. Clinician Only
_____ d. Family Member
_____ e. Other:

6. _____
Recommended Follow-up Time

7. _____
Approved for Follow-up

8. _____
Follow-up Interviewer(s)

9. 6/2/76
Date of Follow-up

COMMENTS:

Reminders for Follow-up Guide Construction

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END